



March 15, 2010

**Submitted Electronically and By Hand**

Charlene Frizzera, Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Room 445-G, Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: Medicare and Medicaid Programs; Electronic Health Record Incentive Program (CMS-0033-P)**

Dear Acting Administrator Frizzera:

The Statewide HIE Coalition appreciates the opportunity to submit comments on the proposed rule entitled Medicare and Medicaid Programs; Electronic Health Record Incentive Program (CMS-0033-P) (the "Proposed Rule").

The Statewide HIE Coalition (the "Coalition") is a coalition of states with advanced health information exchange ("HIE") plans or capacity that are working to build the infrastructure necessary for nationwide adoption and meaningful use of health information technology. The Coalition believes that HIE that is governed at the statewide level in the public interest can play an integral role in health care providers' ability to use electronic health records ("EHRs") to better coordinate and generally improve the quality of care they provide their patients. We share CMS's belief that "HIEs promote adoption of certified EHR technology by providing the infrastructure for providers' EHRs to reach outside of their clinical practice sites and connect with other points of care."<sup>1</sup> Among other things, statewide HIE can leverage the power of networks to:

- Facilitate the use of shared directories and technical services;
- Create economies of scale;
- Reduce infrastructure development costs, including avoiding costly point-to-point interfaces for data exchange among health care providers in a community;
- Increase the success of HIE and EHR deployment; and
- Establish governance structures that achieve broad-based stakeholder buy-in and trust.

By making \$564 million available to states and State-Designated Entities under the State HIE Cooperative Agreement Program established under HITECH (the "State HIE Program"), the Department of Health and Human Services ("HHS") has acknowledged the potential of statewide HIE to help health care providers use EHRs meaningfully.<sup>2</sup> To ensure that the Medicare and

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<sup>1</sup> 75 Fed. Reg. 1933.

<sup>2</sup> A message from National Coordinator Blumenthal announcing recent awards under the State HIE Program reads as follows, "As part of the State Health Information Exchange Cooperative Agreement Program, states will play a leadership role in achieving HIE to meet health reform goals. The funds awarded will be used to establish and

Medicaid EHR incentive program supports the continued development of the statewide HIE infrastructure envisioned by HITECH and supported by the State HIE Program, the Coalition respectfully recommends that CMS amend the Proposed Rule as follows:

1. Create an alternative pathway for meaningful use, under which eligible hospitals and Eligible Professionals (“EPs”) that participate in state-recognized HIE networks (hereinafter “Qualified HIE Networks”) may be deemed to have met the Stage 1 meaningful use criteria that rely on HIE.<sup>3</sup>
2. Apply state-specific meaningful use objectives, including those that relate to participation in statewide HIE, to all eligible hospitals receiving Medicaid EHR incentive payments.

Each of these recommendations is discussed in more detail below.

### **Recommendation 1: Alternative Pathway for Meaningful Use Criteria that Rely on HIE**

To ensure that the Medicare and Medicaid EHR incentive program supports the continued development of the statewide HIE infrastructure envisioned by HITECH and supported by the State HIE Program, the Coalition recommends that CMS establish an alternative pathway for eligible hospitals and EPs to achieve those meaningful use criteria that rely on HIE.

#### *Summary of Recommendation*

The Coalition recommends that eligible hospitals and EPs be deemed to have met the Stage 1 meaningful use criteria that rely on HIE if they meet the following requirements:

- Have a participation agreement in place with a Qualified HIE Network; and
- Satisfy measures established by the State Government HIT Coordinator required under the State HIE Program in conjunction with the State Medicaid Director and approved by the Office of the National Coordinator for Health IT (“ONC”) and CMS for the meaningful use objectives that rely on HIE.

A Qualified HIE Network will be defined as a health information exchange network that meets the following two criteria:

- It is developed under an Approved Operational Plan (as required by the State HIE Program) that has been approved by ONC; and

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implement plans for statewide HIE by creating the appropriate governance, policies, and technical services required to support HIE. Developing this state-level capability will help us break down the current barriers to HIE and help providers to qualify for Medicare and Medicaid incentives under the HITECH Act.” “A Message from Dr. David Blumenthal on Advancing Health Information Exchange.” February 12, 2010 via CMS list-serv.

<sup>3</sup> Stage 1 meaningful use criteria that rely on HIE are listed in Appendix A along with the proposed measures eligible hospitals and EPs would have to satisfy under the alternative pathway recommended herein.

- It is approved by the State Government HIT Coordinator required under the State HIE Program.

Approved Operational Plans shall be consistent with a state's Medicaid Health Information Technology Plan, thereby ensuring that Qualified HIE Networks will be aligned with state Medicaid agencies' care improvement goals and that they will be interoperable with any health information technology systems utilized under state Medicaid programs.

The measures for those meaningful use objectives that rely on HIE that eligible hospitals and EPs may meet under the alternative pathway will be required to reflect the capacity of Qualified HIE Networks to facilitate the exchange of information required under each objective, and to foster broad interoperability among health care providers throughout a state. In recognition of the varying levels of HIE infrastructure in place to date, the measures will be permitted to vary across different regions of a state.

Demonstration that eligible hospitals and EPs utilizing the alternative pathway meet its requirements will be made by a state-level organization as specified by and in a manner set forth in a state's Operational Plan established under the State HIE Program and a state's Medicaid Health Information Technology Plan. This will reduce administrative burden on both CMS and the eligible hospitals and EPs choosing to utilize the alternative pathway, and is consistent with CMS's proposal to allow Medicare EPs and eligible hospitals to submit required clinical quality measures through an HIE.<sup>4</sup>

Demonstration of meaningful use through the alternative pathway would be an alternative to, not a replacement for, the meaningful use criteria that rely on HIE that were included in the Proposed Rule. Eligible hospitals and EPs would have the option of complying with the proposed criteria, or following the alternative pathway set forth above.

#### *Rationale for Recommendation*

Many Coalition members have already made great strides in the development of HIE. Member state Colorado's Quality Health Network has been partly credited for Grand Junction being one of the lowest cost, highest quality health care systems in the country. A community of about 120,000 people on the western slope of the Rocky Mountains, its health care performance is on par with integrated delivery systems like Mayo Clinic, Geisinger, and Kaiser Permanente. Grand Junction does not have an integrated system; most of its health care payers and providers are unaffiliated. Yet, as reported in a recent article by the New America Foundation, it delivers consistently excellent patient outcomes at relatively low cost. This is explained – at least in part - by the interoperability QHN provides, which enables evidence-based collaboration in the treatment of complex and high-cost patients *across institutions and among clinicians* throughout the community.<sup>5</sup>

Authorizing eligible hospitals and EPs to achieve those meaningful use criteria that rely on HIE through the alternative pathway described in these comments will ensure that the EHR incentive

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<sup>4</sup> 75 Fed. Reg. 1901.

<sup>5</sup> Len Nichols, Micah Weinberg, and Julie Barnes. "Grand Junction, Colorado: A Health Community that Works." The New America Foundation. August 2009.

program supports the continued development of initiatives like QHN in Grand Junction, and of the statewide HIE infrastructure envisioned by HITECH and supported by the State HIE Program. The State HIE Program requires states and State-Designated Entities to provide a number of HIE services that support many of the Stage 1 meaningful use criteria that rely on HIE that are set forth in the Proposed Rule, namely:

- Electronic eligibility and claims transactions;
- Electronic prescribing and refill requests;
- Electronic clinical laboratory ordering and results delivery;
- Electronic public health reporting;
- Quality reporting;
- Prescription fill status and/or medication fill history; and
- Clinical summary exchange for care coordination and patient engagement.

Authorizing eligible hospitals and EPs to satisfy the Stage 1 meaningful use criteria that rely on HIE by participating in a Qualified HIE Network that provides these services allows them to take advantage of HIE capacity that is already being developed, and supports health care provider participation in and the evolution of such networks, which can comprise the infrastructure necessary to enable care coordination among health care providers.

In describing the meaningful use measures that rely on HIE, CMS acknowledged that, “in most areas of the country, the infrastructure necessary to support such exchange is not yet currently available. We anticipate raising the threshold for these objectives in future definitions of meaningful use as the capabilities of HIT infrastructure increases. The intent and policy goal with raising this threshold is to ensure that meaningful use encourages patient-centric, interoperable health information exchange across provider organizations regardless of providers’ business affiliation or EHR platform.”<sup>6</sup>

Yet, CMS has proposed measures for electronic prescribing and the incorporation of clinical lab results into EHRs that may drive eligible hospitals and EPs to adopt costly point-to-point interfaces, as opposed to participating in the HIE networks evolving under the State HIE Program, which have the potential to facilitate the exchange of medication, clinical laboratory, and other data far more efficiently. Authorizing eligible hospitals and EPs to satisfy the Stage 1 meaningful use criteria that rely on HIE by participating in a Qualified HIE Network will foster continued development of such HIE networks and will encourage provider participation in those networks without undermining a diversity of approaches as to how the networks will evolve.

Further, authorizing eligible hospitals and EPs to satisfy the Stage 1 meaningful use criteria that rely on HIE by participating in a Qualified HIE Network will facilitate public health reporting by obviating the need for eligible hospitals and EPs to interface individually with public health agencies. Recognizing the potential burden of such individual interfaces, the HIT Policy Committee recently recommended that eligible hospitals and EPs be permitted to defer fulfillment of one (at the eligible hospitals’ and EPs’ choosing) of the three Stage 1 meaningful use objectives related to public health reporting, and still qualify for EHR incentives. These objectives include (i) the capability to submit

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<sup>6</sup> 75 Fed. Reg. 1589.

electronic data to immunization registries and actual submission where required and accepted; (ii) the capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received; and (iii) the capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.

In making the recommendation, the HIT Policy Committee noted, “it is important to exhibit some flexibility in the “all-or-nothing” approach to earning meaningful use incentives, while preserving a floor of important mandatory functional use requirements....we recognize that providers and vendors must have sufficient time to achieve an extensive array of objectives and measures. Unfortunately, it is difficult to predict which objectives and measures will be most difficult to achieve for a given provider in the local environment.”<sup>7</sup> We agree, and note that under the alternative pathway proposed in these comments, Qualified HIE Networks could collect, aggregate and centrally deliver the public health reports of participating meaningful EHR users, thereby eliminating unnecessary burden on eligible hospitals, EPs and public health agencies alike.

Authorizing eligible hospitals and EPs to satisfy the Stage 1 meaningful use criteria that rely on HIE by participating in a Qualified HIE Network will also serve to level the playing field for eligible hospitals and EPs whose ability to exchange clinical laboratory data is often restricted by the Clinical Laboratory Improvement Amendments and the varying state medical record release and laboratory licensing laws to which they defer.<sup>8</sup> State laws present different degrees of barriers to the electronic exchange of laboratory data, making the Proposed Rule’s static Stage 1 (and potentially future stage) meaningful use measures for clinical laboratory data exchange unreflective of the realities of today’s health care system.

As noted above, CMS intends to require higher levels of HIE in Stages 2 and 3 of meaningful use. The Coalition supports this strategy, and submits that by allowing eligible hospitals and EPs to leverage the HIE networks developing under the State HIE Program as an alternative method of satisfying the meaningful use criteria that rely on HIE in Stage 1, CMS will support the development of HIE infrastructure that could be critical to the ability of health care providers to engage in higher levels of HIE in the future.

## **Proposed Regulatory Changes**

The Coalition respectfully recommends that CMS:

1. Add the following definitions to proposed 42 CFR §495.4:

*Alternative Measures for Meaningful Use Objectives that Rely on HIE* means measures for Meaningful Use Objectives that Rely on HIE that: (1) are established by a State Government HIT

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<sup>7</sup> HIT Policy Committee Recommendation Letter to National Coordinator Blumenthal. February 17, 2010. Available at [http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS\\_0\\_11673\\_910656\\_0\\_0\\_18/MUWGNPRMRecommendations021710.pdf](http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11673_910656_0_0_18/MUWGNPRMRecommendations021710.pdf).

<sup>8</sup> Kitty Purington, Shaun T. Alfreds, Joy Pritts, and Jason Buxbaum. “Electronic Release of Clinical Laboratory Results: A Review of State and Federal Policy.” Prepared by the National Academy for State Health Policy for the California HealthCare Foundation. January 2010.

Coordinator in conjunction with the head of a State Medicaid agency; (2) are approved by the Office of the National Coordinator for Health IT and CMS; (3) reflect the capacity of Qualified HIE Networks to facilitate the exchange of information required under each objective; and (4) foster broad interoperability among health care providers throughout a State. Such measures may vary across different regions of a State.

*Meaningful Use Objectives that Rely on HIE* means the meaningful use objectives of the Stage 1 criteria specified in paragraphs (c)(8)(i), (c)(11)(i), (c)(12)(i), (c)(15)(i), (c)(16)(i), (d)(2)(i), (d)(8)(i), (e)(5)(i), and (e)(6)(i) of §495.6 of this subpart.

*Approved Operational Plan* means an Operational Plan approved by the Office of the National Coordinator for Health IT under the State Health Information Exchange Cooperative Agreement Program authorized under Section 3013 of the Public Health Service Act. An Approved Operational Plan shall be consistent with a State Medicaid Health Information Technology Plan (SMHP).

*Participation Agreement* means an agreement setting forth the terms and conditions under which an eligible hospital or EP participates in a Qualified HIE Network.

*Qualified HIE Network* means a health information exchange network developed under an Approved Operational Plan and approved by a State Government HIT Coordinator.

*Qualified State-Designated Entity* shall have the meaning set forth in Section 3013(f) of the Public Health Service Act.

*State Government HIT Coordinator* means the State official delegated with responsibility for coordinating a State government's participation in health information exchange as required under the State Health Information Exchange Cooperative Agreement Program authorized under Section 3013 of the Public Health Service Act.

## 2. Amend proposed 42 CFR §495.6 as follows:

(a) *Stage 1 criteria for EPs.* (1) *General rule regarding Stage 1 criteria for meaningful use for EPs.* Except as specified in paragraphs (a)(2) and (a)(3) of this section, EPs must meet all objectives and associated measures of the Stage 1 criteria specified in paragraphs (c) and (d) of this section to receive an incentive payment.

(2) \* \* \*

(3) *Exception for EPs who meet alternative criteria for Meaningful Use Objectives that Rely on HIE.* EPs meeting the criteria specified in paragraph (f) are excluded from meeting the Meaningful Use Objectives that Rely on HIE and their associated measures.

(b)(1) *Stage 1 criteria for eligible hospitals and CAHs.* (1) *General rule regarding Stage 1 criteria for meaningful use for eligible hospitals or CAHs.* Except as specified in paragraphs (b)(2) and (b)(3) of this



section, eligible hospitals and CAHs must meet all objectives and associated measures for the Stage 1 criteria specified in paragraphs (c) and (e) of this section to receive an incentive payment.

(2) \* \* \*

(3) *Exceptions for eligible hospitals and CAHs who meet alternative criteria for Meaningful Use Objectives that Rely on HIE.* Eligible hospitals and CAHs meeting the criteria specified in paragraph (f) are excluded from meeting the Meaningful Use Objectives that Rely on HIE and their associated measures.

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(f) *Alternative Stage 1 criteria for EPs, eligible hospitals and CAHs to meet the Meaningful Use Objectives that Rely on HIE.* Notwithstanding anything to the contrary in this section, EPs, eligible hospitals and CAHs that meet the following requirements are eligible to receive an incentive payment:

(1) *Participation in a Qualified HIE Network.* EPs, eligible hospitals and CAHs must have in place an executed Participation Agreement with a Qualified HIE Network.

(2) *Satisfaction of Alternative Measures for Meaningful Use Objectives that Rely on HIE.* (i) *General Rule regarding EPs, eligible hospitals and CAHs (other than Medicaid EPs and Medicaid eligible hospitals).* EPs, eligible hospitals and CAHs (other than Medicaid EPs and Medicaid eligible hospitals) must satisfy Alternative Measures for the Meaningful Use Objectives that Rely on HIE set by the State Government HIT Coordinator and State Medicaid agency in the State in which they are licensed. EPs, eligible hospitals and CAHs licensed in multiple States must annually choose and meet the Alternative Measures for Meaningful Use Objectives that Rely on HIE set by the State Government HIT Coordinator and State Medicaid agency in one of the States in which they are so licensed.

(ii) *General Rule regarding Medicaid EPs and Medicaid eligible hospitals.* Medicaid EPs and Medicaid eligible hospitals must satisfy Alternative Measures for the Meaningful Use Objectives that Rely on HIE set by the State Government HIT Coordinator and State Medicaid agency in the State in which they are receiving incentive payments under subpart D of this part.

3. Amend proposed 42 CFR §495.8 as follows:

(a) *Demonstration by EPs.* An EP must demonstrate that he or she satisfies the following requirements:

(1) \* \* \*

(ii) *Attestation of requirements under §495.6 of this subpart.* (A) General rule. Except as provided in paragraph (B) of this section, attest, through a secure mechanism, in a manner specified by CMS (or for a Medicaid EP, in a manner specified by the State), that during the EHR reporting period, the EP satisfied each of the applicable objectives and associated measures under §495.6 of this part.

The EP must specify the EHR reporting period and provide the result of each applicable measure for all patients seen during the EHR reporting period for which a selected measure is applicable.

(B) *Exception for EPs demonstrating alternative Stage 1 criteria for Meaningful Use Objectives that Rely on HIE.* For EPs demonstrating the alternative Stage 1 criteria for Meaningful Use Objectives that Rely on HIE specified in §495.6(f), attestation of the requirements specified in §495.6(f) shall be made by a state-level organization as specified by and in a manner set forth in a State's Approved Operational Plan and SMHP.

\* \* \* \* \*

(2) \* \* \*

(ii) *Attestation of requirements under §495.6 of this subpart.* (A) General rule. Except as provided in paragraph (B) of this section, attest, through a secure mechanism, in a manner specified by CMS (or for a Medicaid EP, in a manner specified by the State), that during the EHR reporting period, the EP satisfied each of the applicable objectives and associated measures under §495.6, except §495.6(d)(3) "Report ambulatory quality measures to CMS or, in the case of Medicaid EPs, the states."

(B) *Exception for EPs demonstrating alternative Stage 1 criteria for Meaningful Use Objectives that Rely on HIE.* For EPs demonstrating the alternative Stage 1 criteria for Meaningful Use Objectives that Rely on HIE specified in §495.6(f), attestation of the requirements specified in §495.6(f) shall be made by a state-level organization as specified by and in a manner set forth in a State's Approved Operational Plan and SMHP.

\* \* \* \* \*

(b) \* \* \*

(ii) *Attestation of requirements under §495.6 of this subpart.* (A) General rule. Except as provided in paragraph (B) of this section, attest, through a secure mechanism, in a manner specified by CMS (or for a Medicaid eligible hospital, in a manner specified by the State), that during the EHR reporting period, the eligible hospital or CAH satisfied each of the applicable objectives and associated measures under §495.6. The eligible hospital or CAH must specify the EHR reporting period and provide the result of each applicable measure for all patients admitted to the eligible hospital during the EHR reporting period for which a selected measure is applicable.

(B) *Attestation by eligible hospitals and CAHs demonstrating the alternative Stage 1 criteria for Meaningful Use Objectives that Rely on HIE.* For eligible hospitals and CAHs demonstrating the alternative Stage 1 criteria for Meaningful Use Objectives that Rely on HIE specified in §495.6(f), attestation of the requirements specified in §495.6(f) shall be made by a state-level organization as specified by and in a manner set forth in a State's Approved Operational Plan and SMHP.

\* \* \* \* \*



(2) \* \* \*

(ii) *Attestation of requirements under §495.6 of this subpart.* (A) General rule. Except as provided in paragraph (B) of this section, attest, through a secure mechanism, in a manner specified by CMS (or for a Medicaid eligible hospital, in a manner specified by the State), that during the EHR reporting period, the eligible hospital or CAH satisfied each of the applicable objectives and associated measures under §495.6 except §495.6(e)(2). The eligible hospital or CAH must specify the EHR reporting period and provide the result of each applicable measure, except for §495.6(e)(2) “Report hospital quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.”

(B) *Attestation by eligible hospitals and CAHs demonstrating the alternative Stage 1 criteria for Meaningful Use Objectives that Rely on HIE.* For eligible hospitals and CAHs demonstrating the alternative Stage 1 criteria for Meaningful Use Objectives that Rely on HIE specified in §495.6(f), attestation of the requirements specified in §495.6(f) shall be made by a state-level organization as specified by and in a manner set forth in a State’s Approved Operational Plan and SMHP.

### **Recommendation 2: Apply State-specific Meaningful Use Objectives to All Eligible Hospitals Receiving EHR Incentive Payments under Medicaid**

We applaud CMS’s proposal to allow states to add additional objectives and measures to the common definition of meaningful use that it proposes would apply under both Medicare and Medicaid. We are particularly pleased that CMS cited requiring providers to participate in HIE as an example of how states may consider adding to the federal definition of meaningful use.<sup>9</sup> A number of states are planning to do just that. The legislature of the State of Vermont, for example, has already introduced a bill to require that providers participate in Vermont’s statewide HIE network to qualify as meaningful users under Medicaid.<sup>10</sup>

CMS’s attendant proposal to deem any Medicare hospital that is a meaningful EHR user under the Medicare EHR incentive program and is also eligible for the Medicaid incentive payment a meaningful EHR user under Medicaid, however, will limit the universe of health care providers to which state-specific meaningful use criteria will apply. Hospitals deemed meaningful users under Medicare will not have to meet any state-specific additional meaningful use requirements under Medicaid, leaving only children’s hospitals and EPs subject to the additional requirements, thereby curtailing a state’s ability to effect any meaningful change through this policy lever.

Hospitals, like other health care providers, are unlikely to engage in meaningful HIE without appropriate incentives. Historically, hospitals have treated their patients’ health information as proprietary, and have shared it with other health care providers sparingly. This is largely because existing fee for service payment models have not incented hospitals – nor their ambulatory provider counterparts – to share information in order to coordinate care. Medicaid has a significant opportunity to reverse this trend by requiring hospitals to engage in HIE in order to receive EHR

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<sup>9</sup> 75 Fed. Reg. 1943.

<sup>10</sup> See H. 627 introduced in the Vermont House of Representatives by Representative Steven Maier.

incentive payments. We urge CMS not to preclude state Medicaid agencies from exercising this important policy tool.

Specifically, the Coalition respectfully recommends that CMS not adopt its deeming proposal, thus enabling state-specific meaningful use objectives to apply to *all* eligible hospitals and EPs receiving Medicaid EHR incentive payments. It does not appear that this recommendation would require a regulatory change, as CMS appears not to have proposed regulatory text for this proposal in the new 42 CFR part 495. Rather, proposed §495.8 “Demonstration of Meaningful Use Criteria” includes four sections (§495.8(a)(1)(iii), §495.8 (a)(2)(iv), §495.8 (b)(1)(iv), and §495.8(b)(2)(iv)) that would require EPs and hospitals participating in the Medicaid EHR incentive program to demonstrate that they meet any additional state-specific meaningful use criteria developed by states in accordance with §495.316 and §495.332. There appears to be no exception from these requirements in the proposed regulatory text for hospitals that meet the Medicare criteria for meaningful use.

We recommend, therefore, that CMS make clear in the preamble to the final rule that it is not adopting the deeming proposal, and that CMS affirm states’ abilities to require that all hospitals receiving Medicaid EHR incentive payments abide by any state-specific meaningful use criteria states may set.

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The Coalition appreciates the opportunity to comment on the Proposed Rule, and hopes that our comments will contribute usefully to the preparation of the final regulation.<sup>11</sup> Please do not hesitate to contact me if we can be of any assistance or if you require any additional information. We look forward to continuing our dialogue with CMS on these critically important issues.

Sincerely

A handwritten signature in black ink, appearing to read "Dave Goetz".

Dave Goetz  
Commissioner, Tennessee Department of Finance and Administration  
Chair, Statewide HIE Coalition

Cc: Rachel Block, Deputy Commissioner, Office of Health Information Technology  
Transformation, New York State

Jonah Frohlich, Deputy Secretary, Health Information Technology, California Health and  
Human Services Agency

William S. Bernstein, Manatt, Phelps & Phillips, LLP

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<sup>11</sup> Signatories to these comments are listed at Appendix B.

## Appendix A

### Stage 1 Meaningful Use Criteria that Rely on HIE and Proposed Alternative Pathway Measures

Stage 1 Objectives		Stage 1 Measures	Proposed Measures for Demonstrating Meaningful Use through Alternative Pathway
EPs	EHRs		
Generate and transmit permissible prescriptions electronically (eRx)	N/A	At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	Measures shall be set by a State Government HIT Coordinator recognized under the State HIE Program in conjunction with a State Medicaid Director and approved by the Office of the National Coordinator for Health IT and CMS.
Incorporate clinical lab test results into EHR as structured data	Incorporate clinical lab test results into EHR as structured data	At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data	Same as above.
Check insurance eligibility electronically from public and private payers	Check insurance eligibility electronically from public and private payers	Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP or admitted to the eligible hospital	Same as above.
Submit claims electronically to public and private payers.	Submit claims electronically to public and private payers.	At least 80% of all claims filed electronically by the EP or the eligible hospital	Same as above.
Capability to submit electronic data to immunization registries and actual submission where required and accepted	Capability to submit electronic data to immunization registries and actual submission where required and accepted	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries	Same as above.
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an	Same as above.

		EP or eligible hospital submits such information have the capacity to receive the information electronically)	
N/A	Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received	Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically)	Same as above.
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	Same as above.



## **Appendix B**

### **About the Statewide HIE Coalition**

The Statewide HIE Coalition is a coalition of states and State-Designated Entities that is designed to provide a forum for its members to share their experiences with statewide HIE, including their experiences leveraging HITECH's various funding streams and provisions, and to enable members to identify and advocate for federal policies that will support successful statewide HIE. The following representatives are signatories to these comments:

California Health and Human Services Agency

Office of Governor Bill Ritter, Jr. (Colorado)

Colorado Regional Health Information Organization

Delaware Health Information Network

HealthInfoNet (Maine)

Maryland Health Care Commission

Michigan Department of Community Health

Missouri Department of Social Services

Nebraska Health Information Initiative (NeHII)

New York Office of Health Information Technology Transformation

Rhode Island Quality Institute

Tennessee Department of Finance and Administration

Office of e-Health Coordination, Texas Health and Human Services Commission

Office of Vermont Health Access